

# PART B—ISSUE FEE TRANSMITTAL

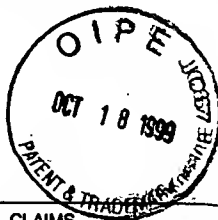
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COOLEY GODWARD LLP  
ATTN: PATENT GROUP  
FIVE PALO ALTO SQUARE  
3000 EL CAMINO REAL  
PALO ALTO CA 94306-2155

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## Certificate of Mailing

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*Reed Curry*  
Reed Curry  
OCT 99

(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINING AND GROUP ART UNIT	DATE MAILED
08/842,745	04/16/97	042 ENG, G	2743	07/12/99
First Named Applicant	LUDWIG,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION: METHODS AND SYSTEMS FOR MULTIMEDIA COMMUNICATION VIA PUBLIC TELEPHONE NETWORKS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 VCR0103PUS	348-016.000	V61	UTILITY	YES	\$605.00	10/12/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. COOLEY GODWARD LLI

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: VCT, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) INCLINE VILLAGE, NEVADA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee

☒ Advance Order - # of Copies 10 (ten)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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